

# Marijuana as “Medicine” in Iowa?

Updated by the Governor’s Office of Drug Control Policy  
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**On the question of smoking marijuana as medicine, science matters.  
The consensus of medical evidence does not support the premise of “medical marijuana.”  
Chronically ill Iowans merit compassion, but the safety of all Iowans is paramount.**

## *Iowa Facts*

Marijuana is the most used illicit drug by Iowa teens. 27% of Iowa 11<sup>th</sup> graders say they’ve used marijuana. [Iowa Youth Survey, 2008]

Marijuana is the most common form of substance abuse among Iowa youth and adults. More than half (55.5%) of Iowa juveniles and nearly a fifth (19%) of Iowa adults in treatment say marijuana is their primary substance of abuse. [Iowa Department of Public Health, 2009]

Marijuana currently seized in Iowa and tested in the Department of Public Safety crime lab is more potent than the marijuana of the 1960s and 1970s. THC levels of tested marijuana samples more than doubled, from 2000 to 2005 alone. This increase in potency makes marijuana a much more dangerous drug that can cause a host of physical and psychological problems, including addiction. [Iowa Department of Public Safety/Governor’s Office of Drug Control Policy, 2009]

Marijuana is already perceived as accessible to many young Iowans. 51% of 11<sup>th</sup> graders say it would be easy or very easy for kids their age to get marijuana in their neighborhood or community. [Iowa Youth Survey, 2008]

Marijuana is, by far, the most common illicit substance detected in workplace drug tests. During the most recent seven year period for which reports are available, 7,391 Iowa employees tested positive for marijuana, or 59.6% of all positive workplace drug test results. [Iowa Department of Public Health, 2008]

Marijuana is the single illicit substance for which most drug offenses are reported by Iowa law enforcement. 578 cases, or nearly 44%, of reported arrests for illegal drug manufacturing or distribution involved marijuana. [Iowa Department of Public Safety, 2008]

Marijuana is often used by methamphetamine users in Iowa. Many of the same criminal groups that smuggle meth into the State also bring and sell marijuana, and when conducting meth investigations Iowa law enforcement officers frequently find marijuana present too. [Iowa Department of Public Safety, 2009]

Marijuana does have the potential for abuse...It is a valid risk...There is a physiological dependence...When dealing with the raw marijuana, you can’t control the dose...It needs to stay a Schedule I because the product can’t be delivered in exactly the same way every time...If I had small children, I wouldn’t want them exposed to someone who is smoking it...There are abuses of marijuana in the states that have ‘medical marijuana’ programs...Over 30% of the written comments we received were just people wanting to smoke pot. [sampling of concerns voiced by Iowa Board of Pharmacy members on February 17, 2010]

## **U.S. Facts**

The federal agency responsible for approving drugs as safe and effective issued an advisory stating it has NOT approved smoked marijuana for any medical condition or disease indication. It noted “there is currently sound evidence that smoked marijuana is harmful.” [U.S. Food & Drug Administration, 2006]

Numerous studies have shown marijuana smoke to contain carcinogens and to be an irritant to the lungs. Marijuana smokers can have many of the same respiratory problems as tobacco smokers. Workplace studies associate workers’ marijuana smoking with 55% more industrial accidents, 85% more injuries, a 75% increase in absenteeism, more tardiness, more workers’ compensation claims, and higher job turnover compared to non-smokers. [National Institute on Drug Abuse, 2009]

Long-term marijuana abuse can lead to addiction despite its known harmful effects. Long-term marijuana abusers trying to quit report irritability, sleeplessness, decreased appetite, anxiety, and drug craving, all of which make it difficult to quit. [National Institute on Drug Abuse, 2009]

Marijuana legalization, for any purpose, remains a non-starter in the Obama Administration. [White House Office of National Drug Control Policy, 2009]

The National Survey on Drug Use and Health’s 2006-2007 State Estimates of Substance Use show perception of risk for smoking marijuana once a month among 12-17 year olds is lowest in 13 states with “medical marijuana” laws. Similarly, 10 of the 15 states with the highest percentage of past month teen marijuana users are states with “medical marijuana” laws. [Partnership for a Drug-Free America, 2009]

The 2009 Partnership Attitude Tracking Study shows past year marijuana use rose 19% from the year before. This coincides with negative shifts in teen attitudes, particularly a growing belief in the acceptability of drug use. The study shows more teens—51%—agree “being high feels good,” more—75%—say “friends get high at parties,” and fewer teens—30%—agree strongly that they “don’t want to hang around drug users.” [Partnership for a Drug-Free America, 2010]

## **Other Concerns**

As a general rule, we don’t “smoke” our medicines, nor do we vote on them.

The Institute of Medicine (IOM) has concluded that smoking marijuana is not recommended for any long-term medical use, and a subsequent IOM report declared that, “marijuana is not modern medicine.”

According to the Food and Drug Administration, voter measures on “medical marijuana” are inconsistent with efforts to ensure medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the standards of the Food, Drug and Cosmetic Act.

A synthetic version of tetrahydrocannabinol (THC), the psychoactive ingredient in marijuana, already is approved by the FDA and legally available in pill form as Marinol, for use in amounts as prescribed by physicians whose patients suffer from pain and chronic illness.

Clinical trials into a mouth spray—called Sativex—containing THC and cannabidiol (CBD), a non-psychoactive ingredient in marijuana, are nearing completion. This formulation and delivery system may enhance pain relief, minimize unwanted side effects and regulate how THC enters the bloodstream.

Legalizing marijuana as “medicine” would blur the line for youth, sending a message that may reduce their perceived risk of marijuana. History shows as perceived risk decreases, drug use often increases.

Making marijuana available as “medicine,” would make the drug more accessible generally to youth and others seeking to get high. Some point to prescription painkiller abuse as a reason for legalizing “medical marijuana,” but such action may only serve to exacerbate the problem of marijuana/substance abuse.

The blurring of the message and the easier access would make for a dangerous combination for Iowa youth. Anecdotally: Since the Iowa Board of Pharmacy voted to recommend some form of “medical marijuana,” teenage students at one Iowa high school reportedly have been “talking up” marijuana, and “many more now support marijuana legalization.” Thus, the slippery slope!